

## Health Impact Review Request Form—DRAFT

**Date of request:**     \_\_/\_\_/\_\_

**Requester:** \_\_\_\_\_

Note: Health impact reviews may only be requested by the Governor or a legislator.

**Staff Contact:**       Name: \_\_\_\_\_  
                          Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**What is the subject of the Health Impact Review?**

- ☐ **Bill**                   Number: \_\_\_\_\_ Title: \_\_\_\_\_  
☐ **Bill Draft**           Draft Number: \_\_\_\_\_ Please attach a copy of the draft.  
☐ **Decision Package**   Please attach a copy of a decision package.  
☐ **Budget Proposal**   Please attach a copy of the relevant portion of the proposal.  
☐ **Other:**

If other, please describe below and attach a copy if available.

**Should the Health Impact Review analyze the entire proposal or only a portion?**

- ☐ **Entire**  
☐ **Portion**

If the review should focus on a portion of the policy or budgetary change, please describe what portion(s) the review should analyze.

**Requested completion date:** \_\_/\_\_/\_\_

If requesting less than a ten-day turnaround during session or less than a 60-day turnaround during the interim, please explain the reasons for the request (for example, needing a review completed in time for a committee hearing).

**Please consider completing the optional section on the back of this form, which will give the Board a sense of why this review has been requested.**

**NOTE:** When conducting a health impact review, the Washington State Board of Health will consider all ways that a proposal might exacerbate or ameliorate health disparities. Completing this section will give the Board a head start by helping it understand the reasons why a review is being requested.

**Briefly describe how you think the proposal might impact health disparities.**

**Check any diseases or conditions for which the proposal might exacerbate or ameliorate health disparities.**

- |                                             |                                                 |
|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> SIDS                   |
| <input type="checkbox"/> Cancer, Type _____ | <input type="checkbox"/> Mental health          |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Women's health issues  |
| <input type="checkbox"/> HIV/AIDS           | <input type="checkbox"/> Smoking cessation      |
| <input type="checkbox"/> Infant mortality   | <input type="checkbox"/> Oral disease           |
| <input type="checkbox"/> Heart disease      | <input type="checkbox"/> Immunization rates     |
| <input type="checkbox"/> Strokes            | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Kidney disease     | _____                                           |

**Check any social determinants of health the proposal might impact in a way that would exacerbate or ameliorate health disparities.**

- |                                                      |                                                          |
|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Overall health              | <input type="checkbox"/> Access to nutritious foods      |
| <input type="checkbox"/> Early learning              | <input type="checkbox"/> Incidence of violence           |
| <input type="checkbox"/> Education                   | <input type="checkbox"/> Environmental health conditions |
| <input type="checkbox"/> Socioeconomic standing      | <input type="checkbox"/> Access to health care           |
| <input type="checkbox"/> Access to safe housing      | <input type="checkbox"/> Other (please specify)          |
| <input type="checkbox"/> Access to physical activity | _____                                                    |

**Are there any specific populations that you think might be particularly impacted by this proposal?**

**Are there specific organizations or community groups you would like the Board to contact as part of this review?**